

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Romanoff for Colorado

A.

Full Name (Last, First, Middle Initial)

Dean Toda

Mailing Address 850 Quail Lake Circle

City State Zip Code  
Colorado Springs CO 80906

Purpose of Disbursement

Cell Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D100964

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2010

Amount of Each Disbursement this Period

137.40

B.

Full Name (Last, First, Middle Initial)

Dean Toda

Mailing Address 850 Quail Lake Circle

City State Zip Code  
Colorado Springs CO 80906

Purpose of Disbursement

Health Insurance Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109678

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2010

Amount of Each Disbursement this Period

192.86

C.

Full Name (Last, First, Middle Initial)

Union Solidarity Graphics

Mailing Address 48-09 34th St.

City State Zip Code  
Long Island City NY 11101

Purpose of Disbursement

Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D103612

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2010

Amount of Each Disbursement this Period

790.00

SUBTOTAL of Disbursements This Page (optional) ▶

1120.26

TOTAL This Period (last page this line number only) ▶